

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4	1					
5		1				
6	1					
7	1					
8		1				
9	1					
10	1					
11	1					
12	1					
13		1				
14	1					
15	1					
16	1					
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31	1					
32	1					
33	1					
34	1					
35						
36						
37						
38		14				
39		14				
40		14				
41	1					
42	1					
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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56						
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58						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						